

REFERENCE REQUEST - Long-Term Care Ombudsman

REFERENCE REQUEST FOR: _____ to participate in the Long-Term Care Ombudsman Program.

You must enter your full name before you give this form to your reference for completion.

The above named person has submitted an application to participate in the Long-Term Care Ombudsman Program. This person has selected you to write a reference statement on his/her behalf. **If you are related to this person in any way, you may not complete this reference statement.**

Please complete the entire form.

Your Name: _____

Street Address: _____

City _____ State _____ Zip _____

Day Time Telephone Number: (____) _____

1. How long have you known the person you are writing this reference for? _____

2. How do you know this person? _____

REFERENCE REQUEST FOR: _____

3. Please give your opinion of this person's character. _____

4. Please add any comments you feel are relevant about this person related to his/her desire to be a Long-Term Care Ombudsman.

PRINT YOUR NAME

YOUR SIGNATURE

DATE